



William Pagel  
Chairman  
Donald Goulette  
Robert Borowiec  
James Grise  
John Beaulieu

# City of Chicopee, Massachusetts

## License Commission

City Hall - 17 Springfield Street - Chicopee, MA 01013  
Tel: (413) 594-1530 Fax: (413) 594-1531

Dear Sir or Madam:

Enclosed you will find an application to renew or obtain a **Lodging House License** for

\_\_\_\_\_ for the **Calendar Year 20**\_\_\_\_ Under Massachusetts General Laws  
(Address)

Chapter 140, § 28 every person holding a Lodging House or Innholders License must keep a daily logbook or register.

Before you can file this application you **MUST FIRST MAKE AN APPOINTMENT FOR INSPECTION WITH THE FOLLOWING DEPARTMENTS:**

BUILDING  
DEPARTMENT: \_\_\_\_\_ DATE \_\_\_\_\_

FIRE  
DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

HEALTH  
DEPARTMENT: \_\_\_\_\_ DATE \_\_\_\_\_

You will need to remit this letter back to this office with the enclosed application and a **Check or Money Order** made payable to the **City of Chicopee** for the amount of **\$33.00**. This letter **MUST INCLUDE** the signature of the Inspector from the above Departments showing that you have passed **ALL** of their inspections.

The Fire Department does require a copy of your most recent Fire Alarm and Sprinkler Inspection Certificates. Also, remember that your Fire Alarms and Sprinkler Systems must be tested annually.

**You will have to pass the above Departments Inspections to receive or renew your Lodging House License. Notification will be given to the Building Inspector of those who fail to renew within the given time and the necessary action will be taken.**

Sincerely,

William Pagel  
Chairman

Enclosure



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### APPLICATION FOR LODGING HOUSE LICENSE \$33.00 FEE

TO THE LICENSE COMMISSION OF THE CITY OF CHICOPEE:

The undersigned petitions for a LODGING HOUSE LICENSE at:

Name of Applicant: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Telephone Number: \_\_\_\_\_

Owner of Building: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Telephone Number of Owner: \_\_\_\_\_

Number of Floors: \_\_\_\_\_ Total Number of Rooms: \_\_\_\_\_

Number of Rooms on EACH Floor: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ (3<sup>rd</sup>) \_\_\_\_\_ (4<sup>th</sup>) \_\_\_\_\_

Who will MANAGE the LODGING HOUSE License?

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

I understand that prior to the issue of a Lodging House License by the License Commission;  
I must first have the premises inspected by the Building Department, Fire Department and Health  
Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MUST LEGIBLE TYPED OR PRINTED**